

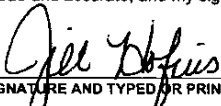


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 FEB 16 PM 4:35 SECRET FALLA	
DOCUMENT # F02 000003814				
1. Corporation Name Hofius Golf Shop Inc.				
2. Principal Office Address 34450 Whispering Oaks Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 34450 Whispering Oaks Blvd. Suite, Apt. #, etc.		
City & State Ridge Manor, FL. Zip 33523 Country United States		City & State Ridge Manor, FL. Zip 33523 Country United States		
4. Date Incorporated or Qualified To Do Business in Florida Incorporated 3-3-1995 Florida 7/25/02		5. FEI Number 34-1796475 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		CR2E081 (12/05)		
7. Name and Address of Current Registered Agent				
Name JASON Hofius				
Street Address (P.O. Box Number is Not Acceptable) 34450 Whispering Oaks Blvd. Suite, Apt. #, Etc.				
City Ridge Manor State FL Zip Code 33523				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.				
Signature of Registered Agent 		Date 2-13-06		
REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
V	Jill Hofius	34450 Whispering Oaks Blvd	Ridge Manor, FL 33523	
STATEMENT 03-04				
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE:  Jill Hofius		Date 2-13-06	Daytime Phone # 352-583-4233	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	